

MOBILIZATION MOVEMENT CONTROL (MOBCON) REQUEST FOR CONVOY CLEARANCE OR SPECIAL HAULING PERMIT								1. DATE (YYYYMMDD)	
2. UNIT				3. UIC		4. CONVOY COMMANDER			
5.a. ADDRESS				6. TELEPHONE <i>(Include area code)</i>		7. FTM POINT OF CONTACT			
b. CITY	c. STATE	d. 9-DIGIT ZIP CODE							
8. POINT OF ORIGIN		NODE		9. DESTINATION			NODE		
10. DATE/TIME OF DEPARTURE			← COMPLETE ONLY ONE. → <i>(Do not complete both.)</i>			11. DATE/TIME OF ARRIVAL			
12. NUMBER OF PERSONNEL IN CONVOY <i>(Minimum 2 per vehicle required)</i>				13. NUMBER AND TYPE VEHICLES AND DESCRIPTION					
14. NUMBER OF OVERSIZE/OVERWEIGHT VEHICLES <i>(Complete Blocks a. - g. below)</i>									
15. VEHICLES			MAKE (1)	MODEL (2)	LENGTH (3)	WIDTH (4)	HEIGHT (5)	WEIGHT (6)	
a. PRIME MOVER <i>(USA #s):</i>									
b. SEMI OR TRAILER									
c. DESCRIPTION OF LOAD									
d. TOTAL LENGTH, WIDTH, HEIGHT AND WEIGHT <i>(Prime mover + semi/trailer + load)</i>									
e. AXLE WEIGHT <i>(Pounds)</i>	1	2	3	4	5	6	7	8	9
f. AXLE SPACING <i>(Feet/Inches)</i>	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	
g. LOAD OVERHANG <i>(Feet/Inches)</i>	(1) FRONT		(2) REAR			(3) LEFT SIDE		(4) RIGHT SIDE	
16. CARGO DESCRIPTION/AMOUNT <i>(Including HAZMAT)</i>					FOR SMCC USE ONLY				
IN THE INTEREST OF NATIONAL DEFENSE ESSENTIAL TO NATIONAL DEFENSE					<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
YES					<input type="checkbox"/>	NO	<input type="checkbox"/>	NO	
CERTIFIER SIGNATURE									
DATE RECEIVED							DATE CMO MAILED		
CMC NUMBER							PROCESSED BY		
C H S									
NODE 10							NO. MARCH UNITS		
							MU INTERVAL		
							RATE OF MARCH		
							CLEAR TIME		
NODE 20							TAIL TIME		
							CLEAR TIME		
NODE 30							PERMIT(S) REQUIRED		
NODE 40									
NODE 50									
NODE 60							ESCORTS REQUIRED		
19. REQUESTER									
a. TYPED NAME <i>(Last, First, Middle Initial)</i>			b. RANK/GRADE		c. SIGNATURE				d. DATE <i>(YYYYMMDD)</i>